

**Department of Administrative Services**  
**Procurement Services – Purchasing**  
HOOVER BUILDING, LEVEL A  
DES MOINES, IOWA 50319-0105

**VENDOR REGISTRATION FORM**

1. Legal Business Name: \_\_\_\_\_ Yrs. In Business: ☐  
(For remittance of warrants/payments)

Line 1: \_\_\_\_\_  
          . (Street)

Line 2: \_\_\_\_\_

---

(City) (County) (state) (Zip)

Address if different than listed above:

2. Alternate (DBA) Address:

Legal (DBA) Name: \_\_\_\_\_ DBA ☐

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

City/State/Zip \_\_\_\_\_

3. Purchase Order/Bid Mailing Address:

Business Name: \_\_\_\_\_

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

City/State/Zip \_\_\_\_\_

4. Federal Identification Number (FEIN) and/or Social Security Number or EIN#, if applicable:

EIN#: \_\_\_\_\_

SSN#: \_\_\_\_\_

5. Type of organization: Corporation ☐ Partnership ☐ Individual ☐ Sole Proprietorship ☐ Foreign ☐

6. If corporation, indicate in which state: \_\_\_\_\_ Date incorporated? \_\_\_\_\_  
(Record additional corporation and/or company data on reverse side)

7. Does any state of Iowa employee hold an office as Principal, Director, Partner, or hold any remunerative position in this Company? YES ☐ (List names, positions & agencies on reverse side) NO ☐

8. From the attached commodity listing, choose the (3) digit commodity(s) that reflect the classes of equipment, supplies, materials and/or services on which you desire to bid/sell. You DO NOT need to return the commodity listing if you, write them here: \_\_\_\_\_

9. Specific brand names of items handled: \_\_\_\_\_ (Please attach separate list)

10. Type of business (Check more than one if applicable):

A. Manufacturer or producer _____	E. Service Establishment _____
B. Dealer with inventory stock _____	F. Professionally Licensed _____

C. Construction concern	_____	G. Foreign	_____
D. Distributor	_____	H. Other (Define)	_____

11. Type of operation (Check more than one if applicable):

- A. Is your firm located in Iowa? \_\_\_\_\_
- B. Are you a single management concern (not a branch or subsidiary of another firm)? \_\_\_\_\_
- C. Gross receipts/sales last year: \$ \_\_\_\_\_
- D. Number of employees: Company-wide \_\_\_\_\_ in Iowa \_\_\_\_\_
- E. Are you a minority- or disadvantaged-owned concern , at least 51 percent owned, controlled and actively managed by one or more minorities or, if a publicly-owned concern, at least 51 percent of the stock owned by one or more minorities? \_\_\_\_\_
- F. Are you a woman-owned concern, at least 51 percent owned, controlled and actively managed by one or more women or, if a publicly-owned concern, at least 51 percent of the stock owned by one or more women? \_\_\_\_\_
- G. If you are a Targeted Small Business (TSB), are you currently certified with the Iowa Department of Inspections and Appeals? \_\_\_\_\_

12. Company Contact Person(s):

NAME	Official Position	Telephone Number
_____	_____	(____) _____ - _____
_____	_____	(____) _____ - _____
_____	_____	(____) _____ - _____

13. Bank Reference:

Address: \_\_\_\_\_

\_\_\_\_\_

14. The undersigned certifies that the information contained herein is correct. I understand that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by law. Further I affirm that the undersigned company's employment practices do not discriminate because of age, race, creed, color, sex, national origin, religion, or disability.

Firm \_\_\_\_\_

Signed \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Toll free number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

FAX number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE  
VENDOR REGISTRATION FORM**

**(Type or Print Legibly in Ink)**

1. Enter the legal business name, and number of years in business. All warrants/payments will be sent to this address.
2. Enter alternate legal (DBA) address if different than above
3. Enter address to which purchase orders/contracts are to be mailed, if different than above.
4. If an individual or sole proprietor, enter your SSN or EIN, all others enter your Federal Employer Identification (FEIN) number.
5. Type of organization? Check appropriate box.
6. Indicate state in which incorporated and the date of incorporation.
7. Indicate if any State of Iowa employees hold a remunerative position in your company.
8. From the attached commodity listing, choose the (3) digit commodity(s) that reflect the classes of equipment, supplies, materials and/or services on which you desire to bid/sell. You DO NOT need to return the commodity listing if you, write them here: \_\_\_\_\_
9. Enter brand names of commodities handled.
10. Type of business? Check appropriate line.
11. Type of operation? Answer all questions, A through F.
12. Indicate principal officer of the company.
13. Indicate principal bank reference.
14. To be signed by an individual or an officer of the company.
15. DO NOT FORGET TO COMPLETE, SIGN AND RETURN THE FEDERAL IDENTIFICATION W-9 FORM. Without this form, the vendor application will not be processed by the Department of Revenue.
16. OPTIONAL: Complete the EFT (Electronic Funds Transfer) form if you would prefer payments to direct deposited.
17. Please mail this completed form to:

Department of Administrative Services  
Procurement Services – Purchasing  
Vendor Registration Coordinator  
Hoover State Office Bldg, Level A  
Des Moines, Iowa 50319-0105

or FAX to: 515-242-5974

18. If you have any questions, please contact, Purchasing, Vendor Registration Coordinator at 515-281-6355

**If you have a change of address, phone number, etc. for any of the above listed address', please submit a notice on your company letterhead to:**

**Department of Administrative Services, Procurement Services – Purchasing, Attn: Vendor Registration Coordinator,  
Hoover State Office Bldg, Level A, Des Moines, Iowa 50319-0105**